

M24000004177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

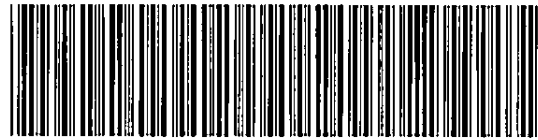
Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special instructions to Filing Officer:

W24-49524

Office Use Only



100426312091

2024 MAR 29 PM 4:19

RECEIVED

REGISTRARS OFFICE  
TALLAHASSEE, FLORIDA

2024 MAR 27 PM 1:43

RECEIVED

APR 01 2024

K. Brumley



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 27, 2024

FLORIDA CAPITAL COURIER SERVICES

SUBJECT: 1 SOURCE TITLE AND ESCROW, LLC  
Ref. Number: W24000049524

We have received your document for 1 SOURCE TITLE AND ESCROW, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY  
Regulatory Specialist II Supervisor

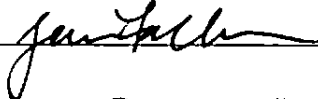
Letter Number: 624A00006639

RECEIVED  
2024 MAR 29 AM 10:48  
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$125.00

AUTHORIZATION SIGNATURE: \_\_\_\_\_



1 Source Title and Escrow, LLC  
BUSINESS ( Name)

Document #

Walk in

Pick up time \_\_\_\_\_

Mail out

Will wait

Photocopy

**Certified Copy of Articles of**

**Certificate of Status**

**NEW FILINGS**

Profit

Not for Profit

Limited Liability

Domestication

Other

LLLP

**AMMENDMENTS**

Amendment

Resignation of R.A. Officer/Director

Change of Registered Agent

Dissolution/Withdrawal

Merger

Conversion

**OTHER FILINGS**

Annual Report

Fictitious Name

APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

Foreign Filing

Limited Partnership

Reinstatement

Trademark

Other

**EXAMINER'S INITIALS: \_\_\_\_\_**

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 1 Source Title and Escrow, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Becky A Mead  
Name of Person  
1 Source Title and Escrow, LLC  
Firm/Company  
825 S Church Street, #333168  
Address  
Murfreesboro, TN 37133  
City/State and Zip Code  
becky.mead@1sourcetitle.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Becky A Mead at (615) 971-1962  
Name of Contact Person Area Code Daytime Telephone Number

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. I Source Title and Escrow, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Tennessee  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 99-1141696  
(FEI number, if applicable)

4. 03/29/2024  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 825 S Church Street #333168  
(Street Address of Principal Office)  
Murfreesboro, TN 37133

6. 10002 Bunker Hill Road  
(Mailing Address)  
Rockvale, TN 37153

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)


Name: Becky A Mead

Office Address: 1707 Orlando Central Parkway, #301-A

Orlando, Florida 32809  
(City) (Zip code)

**Registered agent's acceptance:**

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(Registered agent's signature)

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MAR 29 2024

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage {up to six (6) total}:

**Title or Capacity:**                      **Name and Address:**

Manager            Name: Becky A Mead

Member            Address: 10002 Bunker Hill Road

Authorized            Rockvale, TN 37153

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

Manager            Name: \_\_\_\_\_

Member            Address: \_\_\_\_\_

Authorized            \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_                       Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

  
 \_\_\_\_\_  
 Signature of an authorized person

Becky A Mead  
 \_\_\_\_\_  
 Typed or printed name of signer



**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**

State of Tennessee  
312 Rosa L. Parks AVE. 6th FL  
Nashville, TN 37243-1102

**BECKY MEAD**

March 29, 2024

#333168

825 S CHURCH STREET  
MURFREESBORO, TN 37133

**Request Type: Certificate of Existence/Authorization**

Issuance Date: 03/29/2024

Request #: 0576057

Copies Requested: 1

**Document Receipt**

Receipt #: 008858863

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3870673206

\$20.00

**Regarding: 1 Source Title and Escrow, LLC**

Filing Type: Limited Liability Company - Domestic

Control #: 1508164

Formation/Qualification Date: 02/04/2024

Date Formed: 02/04/2024

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: RUTHERFORD COUNTY

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**1 Source Title and Escrow, LLC**

\* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;

\* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;

\* has appointed a registered agent and registered office in this State;

\* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

Verification #: 066635723